# REGISTRATION APPLICATION PACKET FOR

### **DRY CLEANING FACILITIES**



### **Arizona Department of Environmental Quality**

**Air Quality Division** 

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June 1, 2016

### **SECTION 1.0 - GENERAL INFORMATION**

### 1.1 ADEQ Timeframe for Administrative Completeness Review

After a registration application is received, ADEQ will determine administrative completeness within 30 calendar days.

### 1.2 ADEQ Timeframe for Processing Registration

2.1

ADEQ will take final action on a registration application within 60 days from the date of being administratively complete.

### SECTION 2.0 IS A REGISTRATION APPROPRIATE FOR YOUR SOURCE?

Does Your Source Require a Registration or a Permit?

<b>A.</b>	Is your Dry cleaning facility in ☐ YES	Maricopa, Pima or Pinal County  ☐ NO	?
	<del>-</del>	ontact the respective county air quantum answered NO, go to Question B	• 1 0
В.	Does your Dry cleaning facility  ☐ YES	y use Perchloroethylene (PERC, I	PCE)?
	If you answered YES go to Que require a registration.	estion C. If you answered NO, yo	our source does not
C.	If your facility only uses dry-to 2,100 gallons?  ☐ YES	o-dry machine(s), is the 12 month	n rolling PCE use less than
	If you answered YES your source requires a Permit, please	rce qualifies for registration. If ye e contact ADEQ for guidance.	ou answered NO, your
D.	•	achines or a combination of tranty use LESS than 1,800 gallons  NO	
	If you answered YES your source requires a Permit, please	rce qualifies for registration. If you contact ADEQ for guidance.	ou answered NO, your

### **SECTION 3.0 - REGISTRATION APPLICATION PACKAGE**

## SECTION 3.1 ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY Air Quality Division

1110 West Washington • Phoenix, AZ 85007 • Phone: (602) 771-2338

### **Dry Cleaner REGISTRATION APPLICATION FORM**

(As required by Chapter 2, Article 3, Arizona Administrative Code)

Mailing Address	s:				
City:	State:	_	ZIP:		
Name(s) of Ow	ners/ Principals:				
Phone:	Fax:	Email:			
Dry cleaner Na	me:				
Dry cleaner fac	ility Location/ Address:	_			
City:	County		ZIP:		
Type of Organi	zation:				
□ Corporation	☐ Individual Owner ☐ Par	nership	□LLC		
Other					
Registration Ap	pplication Basis:				
☐ NewRegistration ☐ Revision of Existing Registration ☐ Renewal of Existing Registration					
☐Renewal of I	Existing Permit as Registration				
For renewal or revision, include existing registration or permit number and expiration date:					
I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by ADEQ as public record. I also attest that I am in compliance with the applicable requirements of the Registration and will continue to comply with such requirements and any future requirements that become effective during the life of the Registration. I further state that I will assume responsibility for the construction, modification, or operation of the facility in accordance with Arizona Administrative Code, Title 18, Chapter 2 and any registration issued thereof.					
Signature of Re	sponsible Official of Organization	1:			
Printed Name of Responsible Official / Title:					

#### **Instructions for Standard Registration Application Form**

ADEQ requires all applicants to submit a completed Standard Registration Application Form.

- *Item #1:* Business license name that is to receive the registration. This business name must be registered with the Arizona Corporation Commission.
- *Item #2*: Mailing address. This is the address where the registration will be mailed.
- *Item #3*: Name(s) of Owner/ Principals.
- *Item #4:* Dry cleaner Name and Location: This is the address of the current or proposed location of the facility.
- Item #5: Type of Organization. If the "other" box is checked, specify what the organization is.
- Item #6: Registration Application Basis. Indicate what type of registration is being applied for. If the facility is already registered and is applying for a revision or renewal, then the current registration number must be included. The Date of Commencement of Construction/ Modification is the expected date that construction or modification will begin. This date need not be definite.
- *Item #7*: Owner/s of the Dry cleaning facility
- *Item #8*: Printed Name of Responsible Official, Title of Responsible Official, and telephone number in which the responsible official can be reached.

### 3.2 - EQUIPMENT LIST

The following table should include all Dry cleaning equipment and Boilers utilized at the facility. Please complete all fields. Be sure to notate the units (pounds/hr, horsepower, MMBtu/hr etc.) when recording the Maximum Rated Capacity information. The date of manufacture must be included in order to determine applicability of regulations. Make additional copies of this form if necessary.

Type of Equipment	Maximum Rated Capacity	Make (If available)	Model (If available)	Serial Number (If available)	Date of Manufacture	Equipment ID Number

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